

JAN 14 1942

State File No. _____

Registration District No. 656Primary Registration District No. 6288

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Remick
(b) City or town Holland (Holland twp)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULLNAME Willie M. Meand

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 2. Color or race col. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Tracy Mae Meand 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased (Month) 7 (Day) 26 (Year) 1911

8. AGE: Years Months Days If less than one day
30 3 26 hr. _____ min.

9. Birthplace Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation farm laborer

11. Industry or business

- MOTHER FATHER { 12. Name George Meand
13. Birthplace Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Martha Williams
15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant George Meand
(b) Address Holland, Mo
17. (a) Burial (b) Date thereof 11-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director German Undert. Co.
(b) Address St. Louis, Mo
19. (a) 1-9-1942 (b) Wm. Bregance
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Remick 78
(c) City or town Holland (Rural) 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 1
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10
year 1941 hour 12 minute 29 A.M.

21. I hereby certify that I attended the deceased from 1939 to Nov. 10, 1941, to about Nov. 5, 1941,
that I last saw him alive on about Nov. 5, 1941,
and that death occurred on the date and hour stated above.
Immediate cause of death I.B. ✓

Due to I.B. Rec-

Due to _____

Other conditions undernourished
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature P. C. M. Lewis (M. D. or other) _____
Address Holland, Mo. Date signed 11-10-41

1-42-21

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No.
working under my personal supervision.

Signed William C. Shelton

Licensed Embalmer No. 3929

P. O. Address Stuck, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42663**
Registrar's No. _____

Registration District No. **656**

Primary Registration District No. **6281**

1. PLACE OF DEATH

- (a) County **Pemiscot**
(b) City or town **Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **none**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none** (Specify whether years, months or days)
In this community _____ years, months or days

3. (a) PRINT FULL NAME

Willie M. Means

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **M**

5. Color or race **B**

6. (a) Single, widowed, married, divorced **m.**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 26**

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

(If less than one day)

30

3

26

hr.

min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal)

(b) Date thereof _____

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar)

(b) _____

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **MO** (b) County **Camden**
(c) City or town **Holland MO**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day _____ year **1941** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to **J.B. Boudin & 2 friends**

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? **Yes** (Specify place) _____

Means of injury _____

23. Signature **J.C. Maden** (M. D. or other) _____
Address **Holland MO** Date signed **2-18-42**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

S-42663